



NOV 19 2004 FRI 03:52 PM SALIWANCHIK, LLOYD&SALIWA

FAX NO. 3523725800

P. 01

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| | |
|-----------------------------|--------------------|
| Gwendolyn L. Daniels | (Depositor's Name) |
| <i>Gwendolyn L. Daniels</i> | (Signature) |
| November 19, 2004 | (Date) |

Attn: Doran R. Pace

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
|--|--------------|----------------------|------------------------------------|---------------------|------------|
| 09/763,037 | 07/24/2001 | Ben M. Dunn | UF-219XC1 | 2654 | |
| TITLE OF INVENTION: COMBINATION THERAPY FOR TREATMENT OF FIV INFECTION | | | 11/22/2004 MAHMED2 00000089 190065 | 09763037 | |
| | | | 01 FC:2501 685.00 DA | | |
| | | | 02 FC:R001 30.00 DA | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | -NO- | \$1320- \$670.00 | \$0 | \$1320- \$670.00 | 11/30/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| DELACROIX MUIRHEI, CYBILLE | 1614 | 514-274000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Saliwanchik, Lloyd
& Saliwanchik

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Doran R. Pace

Date November 19, 2004

Typed or printed name Doran R. Pace

Registration No. 38,261

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